



**MEQUON - THIENSVILLE SCHOOL DISTRICT**  
**City of Mequon and Village of Thiensville**

5000 W. MEQUON RD., MEQUON, WI 53092  
PHONE: (262) 238-8500 • FAX: (262) 238-8520  
<http://www.mtsd.k12.wi.us>

*Received & Inspected*

*OCT 31 2012*

*FCC Mail Room*

Demond A. Means, Ed.D., Superintendent  
Eric J. Dimmitt, Ph.D., Director of Curriculum, Instruction & Assessment  
Hughes B. George, Ph.D., Director of Pupil Services  
Gail M. Grieger, Director of Business Services

October 22, 2012

FCC, Office of the Secretary  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

RE:      Applicant Name:                      Mequon-Thiensville School District  
            Billed Entity Number:              132796  
            Form 471 Application Number:        877449  
            Funding Request Number(s):        2394319, 2394320, 2394321  
            Decision Letter Date:                October 02, 2012  
            Date Appeal Postmarked:            October 08, 2012  
            Our Correspondence Dated:        October 16, 2012  
  
Reference:                                      CC Docket No. 02-6

We have attached all of our documentation to appeal this decision. We filed Form 472 for the attached FRNs by the deadline and received notification that we had not filed Form 471. These were multiple year contracts. We did not have to file Form 470 and we inadvertently didn't file Form 471 when we filed the other Form 471's because we didn't have them listed on our Form 470.

As you can see we have filed all the requests in a timely manner in the past. We believe that should be taken into consideration.

Please reconsider your decision and allow us to finalize this year's claim.

Sincerely,

*Cindy Leinfelder*

Cindy Leinfelder  
Business Assistant  
[cleinfelder@mtsd.k12.wi.us](mailto:cleinfelder@mtsd.k12.wi.us)

No. of Copies Rec'd 0  
List Attached \_\_\_\_\_





**Universal Service Administrative Company**  
Schools & Libraries Division

Received & Inspected

October 31 2012

FCC Mail Room

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**Administrator's Decision on Appeal – Funding Year 2011-2012**

October 16, 2012

Cindy Leinfelder  
Mequon-Thiensville School Dist  
5000 W Mequon Rd  
Mequon, WI 53092-2044

Re: Applicant Name: MEQUON-THIENSVILLE SCHOOL DIST  
Billed Entity Number: 132796  
Form 471 Application Number: 877449  
Funding Request Number(s): 2394319, 2394320, 2394321  
Your Correspondence Dated: October 08, 2012

The Universal Service Administrative Company (USAC) received your request for a waiver of the Application Filing Deadline for Funding Year 2011 of the Schools and Libraries Universal Service Support Mechanism.

Federal Communications Commission (FCC) rules do not permit USAC to consider requests for waivers. If you believe there is a basis for further examination of your request, you may file a waiver request with the FCC. You should refer to CC Docket No. 02-6 on the first page of your waiver request to the FCC. If you are submitting your waiver request via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing a waiver request with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division  
Universal Service Administrative Company





**MEQUON - THIENSVILLE SCHOOL DISTRICT**  
**City of Mequon and Village of Thiensville**

5000 W. MEQUON RD., MEQUON, WI 53092  
PHONE: (262) 238-8500 • FAX: (262) 238-8520  
<http://www.mtsd.k12.wi.us>

Received & Inspected

OCT 31 2012

FCC Mail Room

Demond A. Means, Ed.D., Superintendent  
Eric J. Dimmitt, Director of Curriculum, Instruction & Assessment  
Hughes B. George, Ph.D., Director of Pupil Services  
Gail M. Grieger, Director of Business Services

October 8, 2012

Letter of Appeal  
Schools and Libraries Division – Correspondence Unit  
30 Lanidex Plaza West  
P.O. Box 685  
Parsippany, NJ 07054-0685

To Whom It May Concern:

RE: Billed Entity 132796  
Form 471 Application number: 877449  
Applicant's Form Identifier: 14471X

We would like to appeal the decision on above application. We did not need to file a Form 470 for this application because it was a multiple year contract. Therefore, we did not realize we needed to file a Form 471. We filed a Form 472 and were told we didn't have a Form 471 on file and that we should file one at that time and go through the appeal process.

If you have any questions contact me via one of the methods noted after my name, email preferred.

Sincerely,

Cindy Leinfelder  
Business Assistant  
[cleinfelder@mtsd.k12.wi.us](mailto:cleinfelder@mtsd.k12.wi.us)  
phone - (262) 238-8506  
fax -- (262) 238-8520





Schools and Libraries Division

**FUNDING YEAR 2011 FORM 471  
POSTMARKED OUTSIDE OF WINDOW**

October 2, 2012

CINDY LEINFELDER  
MEQUON-THIENSVILLESCHOOL DIST  
5000 W MEQUON RD  
MEQUON, WI 53092-2044

Re: Applicant's Form Identifier: 14471X  
Form 471 Application Number: 877449

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application and/or certification was submitted online or postmarked AFTER the deadline for an application to be considered as filed within the window.

Program rules require us to hold your application pending final review of those applications that were filed within the window. We will post an announcement on the USAC website at [www.usac.org/sl](http://www.usac.org/sl) once we determine if funding applications that were submitted within the application filing window will fully utilize all the funds available for this Funding Year.

For more information about the processing of pending applications, about funding for applications filed after the close of the filing window or about plans for future funding years, please visit our website or call the Client Service Bureau at 1-888-203-8100.

**TO APPEAL THIS DECISION:**

If you wish to appeal a decision indicated in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the decision letter and the decision you are appealing:
  - Appellant name,
  - Applicant or service provider name,
  - BEN,
  - Application number 877449 as assigned by USAC,
  - "Funding Year 2011 Form 471 Postmarked Outside of Window Letter,"AND
  - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

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Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685  
Visit us online at: [www.usac.org/sl](http://www.usac.org/sl)





**Schools and Libraries Universal Service  
Description of Services Ordered and Certification Form 471**

**Estimated Average Burden Hours per Response: 4 hours**

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

**Please read instructions before beginning this application. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl).)**

**The instructions include information on the deadlines for filing this application.**

Applicant's Form Identifier (Create an identifier for your own reference)

14471x

Form 471 Application #

(To be assigned by administrator)

**Block 1: Billed Entity Address and Information**

**1 Name of Billed Entity**

Mequon-Thiensville School District

**2 Funding Year** July 1, 2011-June 30, 2012  
(Funding years run from July 1 through the following June 30)

**3a Entity Number** 132796

**3b FCC Registration Number** 0014704027

**4a Street Address, P.O. Box, or Route Number**

5000 W. Mequon Road

**City** Mequon **State** WI **Zip Code** 53092

**4b Telephone Number** 262-238-8500 **Ext** \_\_\_\_\_

**4c Fax Number** 262-238-8520

**5a Type of Application (check only one)**

- ☒ Individual School (individual public or non-public school)
- ☒ School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- ☒ Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- ☒ Consortium (intermediate service agencies, consortia of schools and/or libraries)
- ☒ Statewide application for (enter 2-letter state code) \_\_\_\_\_

representing (check all that apply)

- ☒ All public schools/districts in the state
- ☒ All non-public schools in the state
- ☒ All libraries in the state

**5b Recipient(s) of Services:**

- ☒ Private ☒ Public ☒ Charter
- ☒ Tribal ☒ Head Start ☒ State Agency

Entity Number 132796 Applicant's Form Identifier 14471x  
Contact Person Cindy Leinfelder Contact Telephone Number 262-238-8506

**Block 1: Billed Entity Address and Information (continued)**

**6a** Contact Person's Name

Cindy Leinfelder

If the Contact Person's Street Address is the same as Item 4 above, check here. ☒ If not, complete Item 6b.

**6b** Street Address, P.O. Box, or Route Number NOTE: USAC will use THIS address to mail correspondence about this form.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☒ **6c** Telephone Number 262-238-8506 Ext. \_\_\_\_\_

☒ **6d** Fax Number 262-238-8520

☒ **6e** E-mail Address ~~XXXXXXXXXXXXXXXXXXXX~~ cleinfelder@mtsd.k12.wi.us

Re-enter E-mail Address cleinfelder@mtsd.k12.wi.us

**6f** Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address

If a consultant is assisting you with your application process, please complete Item 6g below:

**6g** Consultant Name \_\_\_\_\_

Name of Consultant's Employer \_\_\_\_\_

Consultant's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Consultant's Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Consultant's Fax Number \_\_\_\_\_

Consultant's E-mail Address \_\_\_\_\_

Re-enter E-mail Address \_\_\_\_\_

Consultant Registration Number \_\_\_\_\_

Do not write in this area

Entity Number 132796 Applicant's Form Identifier 14471x  
Contact Person Cindy Leinfelder Phone Number 262-238-8506

## Block 6: Certifications and Signature

24 ☐ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☐ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a	Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	69,924.00
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	27,969.60
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	41,954.40
d	Total budgeted amount allocated to resources not eligible for E-rate support	276,550.00
e	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	318,504.40
f	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	

26 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

27 ☐ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☐ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☐ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.


30 ☐ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Do not write in this area

Entity Number 132796 Applicant's Form Identifier 14471x  
Contact Person Cindy Leinfelder Phone Number 262-238-8506

**Block 6: Certification and Signature (Continued)**

- 31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).
- 36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).
- 37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person 	39	Date <u>8/7/12</u>
40	Printed name of authorized person <u>Demond MEans</u>		
41	Title or position of authorized person <u>Superintendent</u>		
<input checked="" type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.			
42a	Street Address, P.O. Box, or Route Number <u>5000 W. Mequon Road</u>		
	City <u>Mequon</u>		
	State <u>WI</u>	Zip Code <u>53092</u>	

Entity Number	132796	Applicant's Form Identifier	14471x
Contact Person	Cindy Leinfelder	Contact Telephone Number	262-238-8506
42b	Telephone Number of Authorized Person	262-238-8502	Ext. _____
42c	Fax Number of Authorized Person	262-238-8520	
42d	E-mail Address of Authorized Person	dmeans@mtd.k12.wi.us	
	Re-enter E-mail Address	dmeans@mtsd.k12.wi.us	
42e	Name of Authorized Person's Employer	Meuqon-Thiensville School District	

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

**Please submit this form to:**

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

**For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:**

**SLD Forms  
ATTN: SLD Form 471  
3833 Greenway Drive  
Lawrence, Kansas 66046  
(888) 203-8100**

## Item 21 Attachment

### Telecommunications - Funding Year 2010

Information NOT yet sent to USAC.

**Applicant Name** MEQUON-THIENSVILLE SCHOOL DIST  
**Billed Entity Number** 132796  
**Form 471 Application Number** ~~229419~~  
**Funding Request Number** ~~1975128~~ 1899320  
**Service Provider** Wisconsin Bell, Inc.  
**Attachment Number** 4 1  
**Narrative description of this Funding Request** Telecommunications "Basic local phone service"

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local Phone Service	multiple-billing account numbers: 26224208090924 26224216832291 26224218222210 26224232060802 26224240062238 26224257260814 26224224012795		\$4,800.00
		<b>Number of Telecom Lines (if applicable)</b>	<b>6</b>
	<b>Recurring Charges</b>	<b>Non Recurring Charges</b>	
<b>Monthly Recurring Charges</b>	\$400.00	<b>One-time non-recurring charges</b>	\$0.00
<b>Less Ineligible Amount (if any)</b>	\$0.00	<b>Less Ineligible Amount (if any)</b>	\$0.00
<b>Number of Months</b>	12		
<b>Eligible recurring charges</b>	<b>\$4,800.00</b>	<b>Eligible non-recurring charges</b>	<b>\$0.00</b>
		<b>Line item TOTAL \$4800</b>	
	<b>Total:</b>		<b>\$4,800.00</b>
	<b>Funding Requested on 471:</b>		<b>\$4,800.00</b>

Date Submitted

- pending submission -

**Item 21 Attachment****Telecommunications - Funding Year 2010****Information NOT yet sent to USAC.**

**Applicant Name** MEQUON-THIENSVILLE SCHOOL DIST  
**Billed Entity Number** 132796  
**Form 471 Application Number** ~~729419~~  
**Funding Request Number** ~~1975140~~ 190 2952  
**Service Provider** Wisconsin Bell, Inc.  
**Attachment Number** 52  
**Narrative description of this Funding Request** Telecommunications "PRI\_DS1 transmission line to connect schools"

Service Type	Service Description	Eligible Pre-Discount Cost	
1 DTS - DS-1		\$24,084.00	
		Number of Telecom Lines (if applicable)	4
	Recurring Charges	Non Recurring Charges	
Monthly Recurring Charges	\$2,007.00	One-time non-recurring charges	\$0.00
Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any)	\$0.00
Number of Months	12		
Eligible recurring charges	<b>\$24,084.00</b>	Eligible non-recurring charges	<b>\$0.00</b>
		Line item TOTAL <b>\$24084</b>	
	Total:	\$24,084.00	
	Funding Requested on 471:	\$24,084.00	

**Date Submitted****- pending submission -**

# Item 21 Attachment

Telecommunications - Funding Year 2010

Information NOT yet sent to USAC.

Applicant Name MEQUON-THIENSVILLE SCHOOL DIST  
 Billed Entity Number 132796  
 Form 471 Application Number ~~729419~~  
 Funding Request Number ~~1075143~~ 1902984  
 Service Provider Wisconsin Bell, Inc.  
 Attachment Number 3  
 Narrative description of this Funding Request Internet Access "E-mail services for students and staff"

Service Type	Service Description	Eligible Pre-Discount Cost	
1 DTS - Ethernet		\$41,040.00	
		Number of Telecom Lines (if applicable)	2
	Recurring Charges	Non Recurring Charges	
Monthly Recurring Charges	\$3,420.00	One-time non-recurring charges	\$0.00
Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any)	\$0.00
Number of Months	12		
Eligible recurring charges	\$41,040.00	Eligible non-recurring charges	\$0.00
		Line item TOTAL \$41040	
Total:		\$41,040.00	
Funding Requested on 471:		\$41,040.00	

Further information 2 1000mb circuits for data/voice

Date Submitted - pending submission -



Entity Number <u>132796</u>		Applicant's Form Identifier <u>144/1x</u>	
Contact Person <u>Cindy Leinfelder</u>		Phone Number <u>262-238-8506</u>	

**Block 5: Discount Funding Request(s)**  
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 3

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: _____		
11 <b>Category of Service</b> ( only ONE category should be checked)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           PRIORITY 1  <input type="checkbox"/> Telecommunications Service  <input checked="" type="checkbox"/> Internet Access         </div> <div style="width: 45%;">           PRIORITY 2  <input type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internal Connections         </div> </div>	<b>23 Calculations</b>  <div style="border: 1px solid black; padding: 5px;"> <b>A. Monthly charges</b> (total amount per month for service)   <div style="text-align: right; font-size: 1.2em;">3,420.00</div> </div> <div style="border: 1px solid black; padding: 5px;"> <b>B. How much of the amount in A is ineligible?</b>   <div style="text-align: right; font-size: 1.2em;">0.00</div> </div> <div style="border: 1px solid black; padding: 5px;"> <b>C. Eligible monthly pre-discount amount</b> (A minus B)   <div style="text-align: right; font-size: 1.2em;">0.00</div> </div> <div style="border: 1px solid black; padding: 5px;"> <b>D. Number of months service provided in funding year</b> <u>12</u> </div> <div style="border: 1px solid black; padding: 5px;"> <b>E. Annual pre-discount amount for eligible recurring charges</b>            (C x D) <div style="text-align: right; font-size: 1.2em;">3,420.00</div> </div>	
12 <b>Form 470 Application Number</b> <u>858630000800903</u>	Recurring Charges	
13 <b>SPIN – Service Provider Identification Number</b> <u>143 001856</u>		
14 <b>Service Provider Name</b> <u>Wisconsin Bell, Inc.</u>		
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services		
15b <b>Contract Number</b> <u>20090211-0597</u>	Non-Recurring Charges	
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <u>1902984</u>		
16a <b>Billing Account Number</b> (e.g., billed telephone number) _____		
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.	Total Charges	
17 <b>Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) <u>01/18/2010</u>		
18 <b>Contract Award Date</b> (mm/dd/yyyy) <u>02/11/2009</u>		
19 <b>Service Start Date</b> (mm/dd/yyyy) <u>07/01/2011</u>		
20a <b>Service End Date</b> (mm/dd/yyyy) <u>06/30/2012</u>	Total Charges	
20b <b>Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2012</u>		
21 <b>Description of This Service:</b> NOTE: All Item 21 Attachments must be filed before the close of the filing window. You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		<b>Attachment</b>  <u>3</u>
22 <b>Entity/Entities Receiving This Service:</b>  a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:  <div style="text-align: right; font-size: 1.2em;">1349101</div> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1).		

Entity Number <u>132796</u>		Applicant's Form Identifier <u>14471x</u>	
Contact Person <u>Cindy Leinfelder</u>		Phone Number <u>262-238-8506</u>	

**Block 5: Discount Funding Request(s)**  
**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 3

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: _____			
11 <b>Category of Service</b> ( only ONE category should be checked)  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>PRIORITY 1</b>  <input checked="" type="checkbox"/> Telecommunications Service   <input type="checkbox"/> Internet Access         </div> <div style="width: 48%;"> <b>PRIORITY 2</b>  <input type="checkbox"/> Internal Connections Other than Basic Maintenance   <input type="checkbox"/> Basic Maintenance of Internal Connections         </div> </div>	<b>23 Calculations</b>  <b>A. Monthly charges</b> (total amount per month for service)  <div style="text-align: center; font-size: 1.2em;">2,007.00</div>		
12 <b>Form 470 Application Number</b> <u>858630000800903</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> <b>B. How much of the amount in A is ineligible?</b>  <div style="text-align: center; font-size: 1.2em;">0.00</div> </div> </div>		
13 <b>SPIN – Service Provider Identification Number</b> <u>143 001856</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> <b>C. Eligible monthly pre-discount amount</b> (A minus B)  <div style="text-align: center; font-size: 1.2em;">2,007.00</div> </div> </div>		
14 <b>Service Provider Name</b>  <u>Wisconsin Bell, Inc.</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> <b>D. Number of months service provided in funding year</b> <u>12</u>   <b>E. Annual pre-discount amount for eligible recurring charges</b>            (C x D) <div style="text-align: center; font-size: 1.2em;">24,084.00</div> </div> </div>		
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> <b>F. Annual non-recurring charges</b>  <div style="text-align: center; font-size: 1.2em;">0.00</div> </div> </div>		
15b <b>Contract Number</b> <u>20090211- 0554</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> <b>G. How much of the amount in F is ineligible?</b>  <div style="text-align: center; font-size: 1.2em;">0.00</div> </div> </div>		
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> <b>H. Annual eligible pre-discount amount for non-recurring charges</b>            (F minus G)   <div style="text-align: center; font-size: 1.2em;">0.00</div> </div> </div>		
15d <input checked="" type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here <u>1902952</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> <b>I. Total funding year pre-discount amount</b> (E + H)  <div style="text-align: center; font-size: 1.2em;">24,084.00</div> </div> </div>		
16a <b>Billing Account Number</b> (e.g., billed telephone number)  _____	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> <b>J. Discount from Block 4 Worksheet</b> <u>40</u> </div> </div>		
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> <b>K. Funding Commitment Request</b> (I x J)  <div style="text-align: center; font-size: 1.2em;">9,633.60</div> </div> </div>		
17 <b>Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) <u>01/18/2010</u>	21 <b>Description of This Service:</b> <b>NOTE: All Item 21 Attachments must be filed before the close of the filing window.</b> Attachment <u>2</u> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		
18 <b>Contract Award Date</b> (mm/dd/yyyy) <u>02/11/2009</u>	22 <b>Entity/Entities Receiving This Service:</b>  a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>1349101</u>  b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1). _____		
19 <b>Service Start Date</b> (mm/dd/yyyy) <u>07/01/2011</u>			
20a <b>Service End Date</b> (mm/dd/yyyy) <u>06/30/2012</u>			
20b <b>Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2012</u>			

Entity Number <u>132796</u>		Applicant's Form Identifier <u>14471x</u>	
Contact Person <u>Cindy Leinfelder</u>		Phone Number <u>262-238-8506</u>	

**Block 5: Discount Funding Request(s)**  
**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 3

10	<input type="checkbox"/>	If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: _____
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11	<b>Category of Service</b> ( only ONE category should be checked)	<b>23 Calculations</b>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>PRIORITY 1</b>  <input type="checkbox"/> Telecommunications Service  <input checked="" type="checkbox"/> Internet Access</p> </div> <div style="width: 48%;"> <p><b>PRIORITY 2</b>  <input checked="" type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internal Connections</p> </div> </div>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> <p><b>A.</b> Monthly charges (total amount per month for service)  <div style="text-align: right; margin-top: 20px;">400.00</div> </p> <p><b>B.</b> How much of the amount in A is ineligible?  <div style="text-align: right; margin-top: 20px;">0.00</div> </p> <p><b>C.</b> Eligible monthly pre-discount amount (A minus B)  <div style="text-align: right; margin-top: 20px;">400.00</div> </p> <p><b>D.</b> Number of months service provided in funding year <u>12</u></p> <p><b>E.</b> Annual pre-discount amount for eligible recurring charges (C x D) <u>4,800.00</u></p> </div> </div>
12	<b>Form 470 Application Number</b> <u>858630000800903</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> <p><b>F.</b> Annual non-recurring charges  <div style="text-align: right; margin-top: 20px;">0.00</div> </p> <p><b>G.</b> How much of the amount in F is ineligible?  <div style="text-align: right; margin-top: 20px;">0.00</div> </p> <p><b>H.</b> Annual eligible pre-discount amount for non-recurring charges (F minus G)  <div style="text-align: right; margin-top: 20px;">0.00</div> </p> </div> </div>
13	<b>SPIN – Service Provider Identification Number</b> <u>143 001856</u>	
14	<b>Service Provider Name</b> <u>Wisconsin Bell, Inc.</u>	
15a	<input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	
15b	<b>Contract Number</b> <u>20090211- 0411</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> <p><b>I.</b> Total funding year pre-discount amount (E + H)  <div style="text-align: right; margin-top: 20px;">4,800.00</div> </p> <p><b>J.</b> Discount from Block 4 Worksheet <u>40</u></p> <p><b>K.</b> Funding Commitment Request (I x J)  <div style="text-align: right; margin-top: 20px;">1,920.00</div> </p> </div> </div>
15c	<input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider)	
15d	<input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <u>1899320</u>	
16a	<b>Billing Account Number</b> (e.g., billed telephone number) <u>26224224012795</u>	
16b	<input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.	
17	<b>Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) <u>01/18/2010</u>	
18	<b>Contract Award Date</b> (mm/dd/yyyy) <u>02/11/2009</u>	
19	<b>Service Start Date</b> (mm/dd/yyyy) <u>07/01/2011</u>	
20a	<b>Service End Date</b> (mm/dd/yyyy) <u>06/30/2012</u>	
20b	<b>Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2012</u>	

21	<b>Description of This Service:</b> <b>NOTE: All Item 21 Attachments must be filed before the close of the filing window.</b> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	<b>Attachment</b> <u>1</u>
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22	<b>Entity/Entities Receiving This Service:</b>	<div style="display: flex;"> <div style="width: 60%;"> <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____</p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1). <u>1349101</u></p> </div> </div>
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Entity Number <u>132796</u>	Applicant's Form Identifier <u>14471x</u>
Contact Person <u>Cindy Leinfelder</u>	Contact Telephone Number <u>262-238-8506</u>

### Block 4: Discount Calculation Worksheet

Worksheet 1349101

Page 2 of 2

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): Mequon-Thiensville School District School District or Library System Entity Number: 132796 (For Administrator's Use)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin. Entity or NIF	Alt. Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate code(s): P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
Wilson Elementary School	60685 55 09130 01090	U	551	54	9.800%	40	N	N	N	22040				

### 9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	3672	146880	40%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.			
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.			

Entity Number <u>132796</u>	Applicant's Form Identifier <u>14471x</u>
Contact Person <u>Cindy Leinfelder</u>	Contact Telephone Number <u>262-238-8506</u>

### Block 4: Discount Calculation Worksheet

Worksheet 1349101  
Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): Mequon-Thiensville School District School District or Library System Entity Number: 132796 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Disc. from Disc. Matrix	8 New Cons truct on	9 Admin Entity or NIF	10 Alt Disc Mech	11 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	12 Insert appropriate code(s): P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	13 Entity Number of School District in which Library Outlet/Branch is Located	14 Discount of Member Entity	15 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
Donges Bay Elementary	60688 55 09130 10183	U	485	28	5.773%	40	N	N	N	19400				
Homestead High School	60681 55 09180 01085	U	1394	129	9.254%	40	N	N	N	55760				
Lake Shore Middle School	60686 55 09130 01086	U	404	29	7.178%	40	N	N	N	16160				
Oriole Lane Elementary School	60721 55 09130 01087	U	403	48	11.911%	40	N	N	N	16120				
Steffen Middle School	60684 55 09180 01089	U	435	48	11.034%	40	N	N	N	17400				

#### 9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.	
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.	

Entity Number 132796 Applicant's Form Identifier 14471x  
 Contact Person Cindy Leinfelder Phone Number 262-238-8506

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

**Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471**

		Schools	Libraries
<b>7a</b>	Number of students or patrons to be served	3462	
<b>b</b>	Telephone service: Number of classrooms or rooms with phone service	370	
<b>c</b>	Direct connections to the Internet: Number of drops	1	
<b>d</b>	Number of classrooms or rooms with Internet access	480	
<b>e</b>	Number of computers or other devices with Internet access	1,700	
<b>f</b>	Number of dial-up Internet access and other connections of up to 200 kbps:	0	
<b>g</b>	At or greater than 200 kbps and less than 1.5 mbps	0	
	At or greater than 1.5 mbps and less than 3 mbps	0	
	At or greater than 3 mbps and less than 10 mbps	0	
	At or greater than 10 mbps and less than 25 mbps	0	
	At or greater than 25 mbps and less than 50 mbps	0	
	At or greater than 50 mbps and less than 100 mbps	0	
	Greater than 100 mbps	0	

**Block 3:**

**8. [Reserved]**

## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested on this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting burden for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (306-856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

#### BLOCK 1: HEADER INFORMATION

471 Billed Entity Name	MEQUON-THIENSVILLE SCHOOL DIST
471 Billed Entity Number	132796
Service Provider Identification Number (SPIN)	143001856
Contact Name	CINDY LEINFELDER
Contact Telephone Number	262- 2388506 ext
Reimbursement Form Number	14472e
Reimbursement Date to USAC	7/23/2012
Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$9,633.60









71 Billed Entity Name MEQUON-THIENSVILLE SCHOOL DIST71 Billed Entity Number 132796Contact Name CINDY LEINFELDERReimbursement Form Number 14472e**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

6. Signature of authorized person **Signed electronically by DEMOND MEANS**17. Date **7/23/2012**8. Printed name of authorized person **DEMOND MEANS**9. Title or position of authorized person **ASSISTANT SUPERINTENDENT**10. Telephone number of authorized person **262- 2388502**11. Address of authorized person **5000 W MEQUON RD, MEQUON WI 53092-2044**



71 Billed Entity Name MEQUON-THIENSVILLE SCHOOL DIST

71 Billed Entity Number 132796

Contact Name CINDY LEINFELDER

Reimbursement Form Number 14472e

#### Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

2. Signature of authorized person (fax, copy or original signature)	23. Date
4. Printed name of authorized person	
5. Title or position of authorized person	
6. Telephone number of authorized person -	
7. Address of authorized person	

paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form  
P.O. Box 7026  
Lawrence, KS 66044-7026

sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms  
ATTN: SLD BEAR Form 472  
3833 Greenway Drive  
Lawrence, KS 66046  
Phone: 1-888-203-8100



## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, consortia)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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#### FOEDERAL NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested on this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting burden for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

#### LOCK 1: HEADER INFORMATION

471 Billed Entity Name	MEQUON-THIENSVILLE SCHOOL DIST
471 Billed Entity Number	132796
Service Provider Identification Number (SPIN)	143001856
Contact Name	CINDY LEINFELDER
Contact Telephone Number	262- 2388506 ext
Reimbursement Form Number	14472d
Reimbursement Date to USAC	7/23/2012
Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$16,416.00





**ontact Telephone Number\_ 262- 2388506 Reimbursement Form Number\_ 14472d**

[illegible]



71 Billed Entity Name MEQUON-THIENSVILLE SCHOOL DIST71 Billed Entity Number 132796Contact Name CINDY LEINFELDERReimbursement Form Number 14472d**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

6. Signature of authorized person **Signed electronically by DEMOND MEANS**17. Date **7/23/2012**8. Printed name of authorized person **DEMOND MEANS**9. Title or position of authorized person **ASSISTANT SUPERINTENDENT**10. Telephone number of authorized person **262- 2388502**11. Address of authorized person **5000 W MEQUON RD, MEQUON WI 53092-2044**

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71 Billed Entity Name MEQUON-THIENSVILLE SCHOOL DIST71 Billed Entity Number 132796Contact Name CINDY LEINFELDERReimbursement Form Number 14472d**Block 4: Service Provider Acknowledgment**

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

2. Signature of authorized person (fax, copy or original signature)

23. Date

4. Printed name of authorized person

5. Title or position of authorized person

6. Telephone number of authorized person -

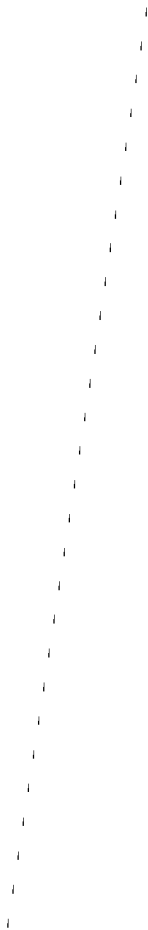
7. Address of authorized person

paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form  
P.O. Box 7026  
Lawrence, KS 66044-7026

sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed

SLD Forms  
ATTN: SLD BEAR Form 472  
3833 Greenway Drive  
Lawrence, KS 66046  
Phone: 1-888-203-8100



## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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#### BLOCK 1: HEADER INFORMATION

471 Billed Entity Name	MEQUON-THIENSVILLE SCHOOL DIST
471 Billed Entity Number	132796
Service Provider Identification Number (SPIN)	143001856
Contact Name	CINDY LEINFELDER
Contact Telephone Number	262- 2388506 ext
Reimbursement Form Number	14472c
Reimbursement Date to USAC	7/23/2012
Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$1,920.00









71 Billed Entity Name MEQUON-THIENSVILLE SCHOOL DIST

71 Billed Entity Number 132796

Contact Name CINDY LEINFELDER

Reimbursement Form Number 14472c

### Block 3: Billed Entity Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

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- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

6. Signature of authorized person **Signed electronically by DEMOND MEANS** 17. Date **7/23/2012**

8. Printed name of authorized person **DEMOND MEANS**

9. Title or position of authorized person **ASSISTANT SUPERINTENDENT**

10. Telephone number of authorized person **262- 2388502**

11. Address of authorized person **5000 W MEQUON RD, MEQUON WI 53092-2044**



71 Billed Entity Name MEQUON-THIENSVILLE SCHOOL DIST71 Billed Entity Number 132796Contact Name CINDY LEINFELDERReimbursement Form Number 14472c**Block 4: Service Provider Acknowledgment**

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

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2. Signature of authorized person (fax, copy or original signature)

23. Date

4. Printed name of authorized person

5. Title or position of authorized person

6. Telephone number of authorized person -

7. Address of authorized person

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